

ILWACO CITY COUNCIL VACANCY

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PLEASE RETURN FORM AND ANY ATTACHMENTS BY PUBLISHED DEADLINE

DECLARATION OF INTEREST

I wish to be of service to our community and request the consideration of the mayor and council for appointment to the **Ilwaco City Council Seat** _____.

CANDIDATE

Name					
Street Address					
Mailing Address					
City		State		Zip	
Home Phone		Work Phone		Cell	
Email Address					
Employer/Business					
Are you a current resident of the City of Ilwaco?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you age 18 or over?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How long have you lived in the City of Ilwaco?		Are you bondable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a registered voter within the City of Ilwaco?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to travel for training, meetings, etc.?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SUPPLEMENTAL QUESTIONS (You may check "see attached" and attach your responses to the form.)

Brief description of background, including job experience, education, skills, hobbies and special areas of interest, which makes you a viable candidate for the open council position: See Attached

Applications are public record and subject to public disclosure.

Current or previous citizen boards or commissions (list organizations and dates served): See Attached

Community activities you have participated in during the past five years, and in what capacity: See Attached

Problems, issues or concerns you see facing the city now and over the next ten (10) years. How would you propose they be addressed? See Attached

Special skills, knowledge or experience you have to contribute to the City Council? See Attached

Limitations, if any, on your availability for City Council meetings, workshops, etc.? How much time are you able to devote to the duties of the City Council? See Attached

List three residents of the City of Ilwaco who can provide a personal reference pertinent to your application:

NAME	ADDRESS	TELEPHONE

By signature, the candidate certifies the provided information, including attachments, is true and accurate to the best of their knowledge.

SIGNATURES	Print Name	Signature	Date
Candidate			

Thank you for your interest in serving the citizens of Ilwaco.

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